

internal and external stakeholders in the Healthy Kids program. These stakeholders included providers (hospitals, CHCs and private offices), past and current families enrolled in Healthy Kids, human service agencies as well as outreach and advocacy groups. A public hearing was held on October 26th, 2001 by the Department on "Proposed Changes to State's Children's Health Insurance Program State Plan" in order to receive written and oral comments.

- 9.9.2 For an amendment relating to eligibility or benefits (including cost sharing and enrollment procedures), please describe how and when prior public notice was provided as required in §457.65(b) through (d).

Public process for amendments relating to eligibility or benefits included four regional meetings to solicit input from both internal and external stakeholders in the Healthy Kids program. These stakeholders included providers (hospitals, CHCs and private offices), past and current families enrolled in Healthy Kids, human service agencies as well as outreach and advocacy groups. A public hearing was held on October 26th, 2001 by the Department on "Proposed Changes to State's Children's Health Insurance Program State Plan" in order to receive written and oral comments.

Changes made to co-payments and premiums on January 1, 2003, were published in the Rulemaking Register on September 13, 2002. A public hearing was held on October 4, 2002 for the public comment process. A meeting with community partners was held, and all families received notice of this change prior to its implementation. Costs and premiums do not exceed 5% of the total family income.

- 9.10. Provide a one year projected budget. A suggested financial form for the budget is attached. The budget must describe: (Section 2107(d)) (42CFR 457.140)

- Planned use of funds, including --
 - Projected amount to be spent on health services;
 - Projected amount to be spent on administrative costs, such as outreach, child health initiatives, and evaluation; and
 - Assumptions on which the budget is based, including cost per child and expected enrollment.
- Projected sources of non-Federal plan expenditures, including any requirements for cost-sharing by enrollees.

FFY 2003

	Federal Fiscal Year Costs
Enhanced FMAP rate	
Benefit Costs	
Insurance payments	\$5,129,580

Effective Date: Phase 1: May 1998, Phase 2: Jan. 1999

Approval Date: September 1998

Model Application Template for the State Children's Health Insurance Program

Managed care	
$115.17 \times 51705 + 133.14 \times 18885$ (per mem. x total members)	
Fee for Service	\$65,754
Total Benefit Costs	\$5,195,334
(Offsetting beneficiary cost sharing payments) cost sharing included above	
Net Benefit Costs*	
Administration Costs	
Personnel	
General administration	
Contractors/Brokers (e.g., enrollment contractors)	\$812,295
Claims Processing	
Outreach/marketing costs	
Other	
Total Administration Costs	\$812,295
10% Administrative Cost Ceiling	\$577,259
Federal Share (multiplied by enh-FMAP rate)	\$3,752,185
State Share**	\$2,020,408
TOTAL PROGRAM COSTS	\$5,772,593

Note: The Federal Fiscal Year (FFY) runs from October 1st through September 30th.

*Benefit costs are already net of cost sharing payment

**The source of state funding is from the state's general fund and a \$224,000 donation from the Healthy New Hampshire Foundation.

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